

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 247
Registered No. 169

1. PLACE OF BIRTH

County Graham State Arizona
District or Township Pima or Village _____
City Pima No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Bruce Erskine Dodge } If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 5. No., in order of birth 5 } 6. Legitimate yes 7. Date of birth June 25, 1930
Month Day Year8. FATHER
Full name Eli Milton Dodge9. Residence Pima
(Usual place of abode)
If non-resident, give place and state. Arizona10. Color or race white 11. Age at last birthday 33 (Years)12. Birthplace (city or place) Pima
(State or country) Arizona13. Occupation Farmer
Nature of Industry _____14. MOTHER
Full maiden name Fannie Carlson15. Residence Pima
(Usual place of abode)
If non-resident, give place and state. Arizona16. Color or race white 17. Age at last birthday 28 (Years)18. Birthplace (city or place) Pima
(State or country) Arizona19. Occupation Housewife
Nature of Industry _____20. Number of children of this mother 5 } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (c) Stillborn _____21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7:00 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature F. W. Butler M.D.
Physician
(Physician or midwife.)Given name added from a supplement report _____ Address Safford, Arizona

Month, day, year

Filed 7/8 1930

Registrar.

Registrar.

245-625-635

A SEPARATE REPORT MUST BE MADE FOR EACH CHILD IN ORDER OF BIRTH STATED.